

Fill in this information to identify your case:

Debtor 1	<u>Kelly</u>	<u>A.</u>	<u>Evanosich</u>
	First Name	Middle Name	Last Name
Debtor 2 (Spouse, if filing)			
	First Name	Middle Name	Last Name
United States Bankruptcy Court for the:		<u>Eastern</u>	District of <u>Pennsylvania</u>
Case number (if <u>24-10304</u> known)			

Check if this is an
amended filing

Official Form 106DSchedule D: Creditors Who Have Claims Secured by Property

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the Additional Page, fill it out, number the entries, and attach it to this form. On the top of any additional pages, write your name and case number (if known).

1. Do any creditors have claims secured by your property?

No. Check this box and submit this form to the court with your other schedules. You have nothing else to report on this form.
 Yes. Fill in all of the information below.

Part 1: List All Secured Claims

2. List all secured claims. If a creditor has more than one secured claim, list the creditor separately for each claim. If more than one creditor has a particular claim, list the other creditors in Part 2. As much as possible, list the claims in alphabetical order according to the creditor's name.	Column A Amount of claim Do not deduct the value of collateral.	Column B Value of collateral that supports this claim	Column C Unsecured portion If any	
2.1 Mr. Cooper Creditor's Name Attn: Bankruptcy P.O. Box 818060 Number Street Cleveland, OH 44181 City State ZIP Code	Describe the property that secures the claim: 20% interest as one of five joint tenants 4510 Tolbut St Philadelphia, PA 19136-1418	\$138,282.40	\$31,808.00	\$106,474.40
<p>As of the date you file, the claim is: Check all that apply.</p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p>Nature of lien. Check all that apply.</p> <p><input checked="" type="checkbox"/> An agreement you made (such as mortgage or secured car loan) <input type="checkbox"/> Statutory lien (such as tax lien, mechanic's lien) <input type="checkbox"/> Judgment lien from a lawsuit <input type="checkbox"/> Other (including a right to offset) _____</p>				
Date debt was incurred _____		Last 4 digits of account number _____		
Add the dollar value of your entries in Column A on this page. Write that number here: \$138,282.40				

Debtor 1

Kelly

A.

Evanosich

Case number (if known) 24-10304

First Name

Middle Name

Last Name

Part 1:	Additional Page After listing any entries on this page, number them beginning with 2.3, followed by 2.4, and so forth.	Column A	Column B	Column C
		Amount of claim Do not deduct the value of collateral.	Value of collateral that supports this claim	Unsecured portion If any

2.2 Mr. Cooper Describe the property that secures the claim:

Creditor's Name Attn: Bankruptcy	20% interest as one of five joint tenants 2341 E Albert St Philadelphia, PA 19125-2349
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P.O. Box 818060 Number Street	As of the date you file, the claim is: Check all that apply.
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Cleveland, OH 44181 City State ZIP Code	<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed
---	---

Who owes the debt? Check one.

<input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another	<input checked="" type="checkbox"/> An agreement you made (such as mortgage or secured car loan) <input type="checkbox"/> Statutory lien (such as tax lien, mechanic's lien) <input type="checkbox"/> Judgment lien from a lawsuit <input type="checkbox"/> Other (including a right to offset) _____
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Check if this claim relates to a community debt

Date debt was incurred _____ Last 4 digits of account number _____

2.3 Police & Fire FCU Describe the property that secures the claim: \$8,650.61 \$14,705.08 \$0.00

Creditor's Name 901 Arch Street	Insurance Payout From Allstate For Totaled GMC Acadia
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Number Street Philadelphia, PA 19107 City State ZIP Code	As of the date you file, the claim is: Check all that apply.
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<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<input checked="" type="checkbox"/> An agreement you made (such as mortgage or secured car loan) <input type="checkbox"/> Statutory lien (such as tax lien, mechanic's lien) <input type="checkbox"/> Judgment lien from a lawsuit <input checked="" type="checkbox"/> Other (including a right to offset) <u>Car Loan Paid Off By Insurance Payout For Totaled Car</u>
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Who owes the debt? Check one.

<input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another	<input checked="" type="checkbox"/> An agreement you made (such as mortgage or secured car loan) <input type="checkbox"/> Statutory lien (such as tax lien, mechanic's lien) <input type="checkbox"/> Judgment lien from a lawsuit <input checked="" type="checkbox"/> Other (including a right to offset) <u>Car Loan Paid Off By Insurance Payout For Totaled Car</u>
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Check if this claim relates to a community debt

Date debt was incurred 9/1/2021 Last 4 digits of account number 0 0 1 0

Add the dollar value of your entries in Column A on this page. Write that number here:	\$159,330.77
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If this is the last page of your form, add the dollar value totals from all pages. Write that number here:

Debtor 1

Kelly

A.

Evanosich

Case number (if known) 24-10304

First Name

Middle Name

Last Name

Additional Page

After listing any entries on this page, number them beginning with 2.3, followed by 2.4, and so forth.

Column A

Column B

Column C

Amount of claim

Value of collateral that supports this claim

Unsecured portion
If any

Do not deduct the value of collateral.

2.4	Police & Fire Federal Credit Union	Describe the property that secures the claim:	<u>\$181,020.29</u>	<u>\$162,709.60</u>	<u>\$18,310.69</u>	
		4502 Strahle St Philadelphia, PA 19136-2412				
As of the date you file, the claim is: Check all that apply.						
<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed						
Who owes the debt? Check one.						
<input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another						
<input type="checkbox"/> Check if this claim relates to a community debt						
Date debt was incurred	<u>6/1/2021</u>	Last 4 digits of account number	<u>0</u>	<u>6</u>	<u>2</u>	<u>1</u>
Add the dollar value of your entries in Column A on this page. Write that number here:						
<u>\$181,020.29</u>						
If this is the last page of your form, add the dollar value totals from all pages. Write that number here:						
<u>\$478,633.46</u>						

Fill in this information to identify your case:

Debtor 1	<u>Kelly</u>	<u>A.</u>	<u>Evanosich</u>
	First Name	Middle Name	Last Name
Debtor 2 (Spouse, if filing)			
	First Name	Middle Name	Last Name
United States Bankruptcy Court for the:	<u>Eastern District of Pennsylvania</u>		
Case number (if known)	<u>24-10304</u>		



Check if this is an amended filing

Official Form 106Dec

Declaration About an Individual Debtor's Schedules

12/15

If two married people are filing together, both are equally responsible for supplying correct information.

You must file this form whenever you file bankruptcy schedules or amended schedules. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

Sign Below

Did you pay or agree to pay someone who is NOT an attorney to help you fill out bankruptcy forms?

No
 Yes. Name of person _____ Attach *Bankruptcy Petitioner's Notice, Declaration, and Signature (Official Form 119)*.

Under penalty of perjury, I declare that I have read the summary and schedules filed with this declaration and that they are true and correct.

 /s/ Kelly A. Evanosich
Kelly A. Evanosich, Debtor 1

Date 11/27/2024
MM/ DD/ YYYY